

## PART B - FEE(S) TRANSMITTAL

100058/NGB01

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1109 7590 12/20/2006  
**ANDERSON, KILL & OLICK, P.C.**  
1251 AVENUE OF THE AMERICAS  
NEW YORK, NY 10020-1182  
03/09/2007 RHEBRAH 00000072 503814 10666485

01 FC:1501 1400.00 DA  
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Audrey de Souza	(Depositor's name)
<i>Audrey de Souza</i>	(Signature)
March 2, 2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/666,485	09/19/2003	Atsuo Miyajima	MM5028	8011

TITLE OF INVENTION: CONNECTOR EQUIPPED WITH A VALVE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	03/20/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS			
KRISHNAMURTHY, RAMESH		3753	137-515000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 ANDERSON KILL & OLICK, PC

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

HONDA MOTOR CO., LTD.

Japan

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

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 Issue Fee A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies \_\_\_\_\_ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 503814 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *[Signature]*Date March 2, 2007Typed or printed name EUGENE LIEBERSTEINRegistration No. -24,645

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